CORE Claims Team - Client Participation Report

Purpose:

The Client Participation Report is generated daily and reflects changes that have been made to individual Members' Long Term Care data. The Core Claims Team reviews items where the Client Participation (CP) amount has changed in some way and creates Adjustments to correct payment of claims that have paid prior to the change in the CP.

Identification of Roles:

Claims Research Examiner - Reviews CP report and creates Adjustments as needed when the CP for the specified date has changed, processes CP Adjustments from the CP Queue in OnBase workflow.

Adjustment Examiner – Reviews CP report and creates Adjustments as needed when the CP for the specified date has changed, processes CP Adjustments from the CP Queue in OnBase workflow.

Claims Adjudicator – Reviews CP Report and creates Adjustments as needed when the CP for the specified date has changed.

Operations Coordinator – Assists staff with questions, trains on new processes, communicates changes (as directed by the Operations Team Lead and Operations Manager)

Operations Team Lead and Manager – Monitors workload and ensures that work is completed in a timely manner.

Performance Standards:

None

Path of Business Procedure:

Step 1: Report IAMR9200-R001 is sent to Computer Output to Laser Disk (COLD) from Medicaid Management Information System (MMIS)

Step 2: The Report output is prepared by a monarch process to create electronic forms (e-forms) to OnBase.

  a. Upon creation the e-forms are available in CORE02 – CP Report

Step 3: Each e-form is reviewed in MMIS (based on the information in the report) to determine if an Adjustment, to a paid claim is needed.

---

    a. E-form items can span multiple months, each month within the span needs to be reviewed for a potential adjustment to Client Participation (CP).

Step 4: The e-form is completed after reviewing MMIS for paid claims for all dates within the date span.

Step 5: Create Adjustment(s) for paid claim(s).

    a. Review the Member File, (screen 3) for CP updates.
        1. CP e-forms that do not match MMIS should be held until the following business day for review
    b. Create adjustment using the Create Adjustment task in workflow
    c. Fill in the following fields:
        1. Transaction Control Number (TCN)
        2. Provider Number
        3. Comments – fill in the CP dollar amount, the page number from the CP Report and the date of the report

Forms/Reports:

Internal Recoupment/Adjustment E-Form

IAMR9200-R001

RFP References:

None

Interfaces:

MMIS

Attachments:

| As Of Date: | 01/02/2009 | Run Date: | 01/02/2009 | State ID: | 0635230F |

| | | Page Number: | 3 | | |

Change	Begin	End	Client Part		Vendor
Add / Del	Date	Date	1st	Ongoing	Number
CHANGE	10/10/2008	11/10/2008	$484.80	$484.80	0802371

CP Report E-Form

Recoupment/Adjustment Request

Request Type: ⊙ Adjustment   ○ Recoupment

Claim Type: ○ History   ⊙ Live   CDAC? ☐   CP? ☑

Requesting Unit: CORE

TCN:

Provider Number:

NPI Number:

Provider Name:

State ID: 0635230F

Adjust/Recoup Reason: 84 - Change in Patient Liability

CCN:

User ID: CORETL

Comments: STATE CP SHOULD BE $, PAGE # , DATE OF REPORT

Adjusted TCN:

DCN: 85351623   **Contact Log #:**

Internal Recoupment/Adjustment E-Form

```
IAMR920C-R001                    IOWA DEPARTMENT OF HUMAN SERVICES              PAGE:    1
AS OF 09/23/2010                MEDICAID MANAGEMENT INFORMATION SYSTEM      RUN DATE: C9/23/2010
A                                  CP CHANGES NEW DATA - PRIOR DATA
A
i-------------------------------------------------------------------------------------
ASTATE-ID:  ████████                    CHANGE                        CLIENT PART      VENDOR   APPROVAL
ADATA  RECIPIENT NAME          CASE NUMBER  ADD/DEL   BEGIN DATE   ENDING DATE  1ST     ONGOING  NUMBER    FLAG
A
ANEW   ████████████        █████        CHANGE  09-01-2010  10-01-2010  ████████    ████     YES
ACLD   ████████████        █████                09-01-2010  10-01-2010                        YES

A
ASTATE-ID:  ████████                    CHANGE                        CLIENT PART      VENDOR   APPROVAL
ADATA  RECIPIENT NAME          CASE NUMBER  ADD/DEL   BEGIN DATE   ENDING DATE  1ST     ONGOING  NUMBER    FLAG
A
ANEW   ████████████        █████        ADD     00-02-2010  00-10-2010  ████████    ████     YES

i-------------------------------------------------------------------------------------
ASTATE-ID:  ████████                    CHANGE                        CLIENT PART      VENDOR   APPROVAL
ADATA  RECIPIENT NAME          CASE NUMBER  ADD/DEL   BEGIN DATE   ENDING DATE  1ST     ONGOING  NUMBER    FLAG
A
ANEW   ████████████        █████        ADD     08-01-2010              ████████    ████     YES

A-------------------------------------------------------------------------------------
ASTATE-ID: 0533523G                     CHANGE                        CLIENT PART      VENDOR   APPROVAL
ADATA  RECIPIENT NAME          CASE NUMBER  ADD/DEL   BEGIN DATE   ENDING DATE  1ST     ONGOING  NUMBER    FLAG
A
ANEW   ████████████        █████        CHANGE  08-23-2010              ████████    ████     YES
ACLD                                                                                          YES
A
```

IAMR9200-R001